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402 S. Garrison

Carthage, MO 64836

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Please add my personal information for FREE e-mail updates

[www.carthageartwalk.com](http://www.carthageartwalk.com)

## 2014 Artist Application

Applications submitted and approved six weeks prior to event will be incorporated into event marketing and artist promotion.

Event date for consideration: \_\_\_ Apr 25 \_\_\_ May 23 \_\_\_ Jun 27 \_\_\_ Jul 25 \_\_\_ Aug 22 \_\_\_ Sep 26

Artist Name \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Website Link: \_\_\_\_\_

Facebook page: \_\_\_\_\_ Twitter handle: \_\_\_\_\_

Description of work to be displayed and/or sold & a 25 word artist statement regarding you and your work.

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**Artist must submit three to five photos of work for consideration per event.**

*Artistry on display and/or sold should represent work submitted to the committee to secure the entry into Carthage Historic Downtown Art Walk. Fresh and new works should be created for each show. Furthermore, work should be presented professionally and displayed with well marked, complementary signage identifying the artist with printed support materials suggested. All displays should be manned by the artist or an approved representative of the artist as identified to the committee prior.*

I will need the following

- access to electricity
- table & chairs
- other \_\_\_\_\_
- access to water
- wall space

Approximate estimate of square foot space required for your display: \_\_\_\_\_

Personal connection to a preferred venue? If so which: \_\_\_\_\_

**Please return with \$5 per event and signed Insurance Waiver & Release of Liability and Media Release Form.**

I have read the rules and recommendations provided by the Carthage Historic Downtown Art Walk and agree to follow the rules as outlined including reporting all city and state sales taxes. I understand failure to follow the guidelines may result in denial of future opportunities to feature my work at the Carthage Historic Downtown Art Walk and I further understand that the \$5 enclosed with the form will be returned if I am denied space to the Art Walk at which I am applying.

Signature \_\_\_\_\_

Date \_\_\_\_\_



**CARTHAGE HISTORIC DOWNTOWN ART WALK  
INSURANCE WAIVER & RELEASE OF LIABILITY FORM**

**Please note: There are two places on this sheet that require a signature**

In consideration of being allowed to participate in any way in Carthage Historic Downtown Art Walk programs, related events and activities, I the undersigned:

1. Agree that prior to participating, I will inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe for me, my property or the public at large, I will immediately advise CARTHAGE CVB of such condition(s).
2. Acknowledge and fully understand that I will be engaging in activities that may involve risk of damage to my art work and/ or property and economic losses which might result only from my own actions, inactions or negligence of others, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for myself and/or my property and the damages that may occur during the CARTHAGE HISTORIC DOWNTOWN ARTWALK.
4. Release, waive, discharge and covenant not to sue CARTHAGE HISTORIC DOWNTOWN ART WALK, its affiliated sponsors, their representative administrators, directors, participants, vendors, volunteers of the organization, and owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

**I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.**

X \_\_\_\_\_  
**Participant's Name (PLEASE PRINT CLEARLY)      Signature      Date**

**MEDIA RELEASE FORM**

NAME \_\_\_\_\_ Male \_\_\_ Female \_\_\_

**MEDIA/PHOTO WAIVER:** I hereby authorize and give my full consent to CARTHAGE HISTORIC DOWNTOWN ART WALK and it's sponsors to copyright and/or publish any and all photographs, videotapes and/or film in which I or my art work may appear while attending the CARTHAGE HISTORIC DOWNTOWN ART WALK event. I further agree that CARTHAGE HISTORIC DOWNTOWN ART WALK may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X \_\_\_\_\_  
**Participant's Signature      Date**